



125 Lee Byrd Road, Loganville, GA 30052
Phone: (770) 599-7512 Fax: (833) 691-7862
info@remappingminds.com
www.remappingminds.com

Consent Form

Your signature below indicates that you have read the Patient Services Agreement and agree to its terms, and also serves as an acknowledgement that you have read the HIPPA notice form described in the agreement.

Patient's Printed Name

Patient's Signature/Date

Parent's Signature/Date, if patient is under 18 years old